10/699/99

۰,	PATENT	ORE	)	12,458									
		CLAIMS A	S FILED - PART I (Column 1)		(Column 2)			SMALL TYPE	ENTITY		OR		R THAN ENTITY
TOTAL CLAIMS			39					RATE		FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EΕ	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			39 mi	39 minus 20=		. 19		X\$ 9=		342	OR	X\$18=	
INDEPENDENT CLAIMS			→ minus 3 =		*			X43=		171	OR	X86=	
ML	ILTIPLE DEPE	NDENT CLAIM P	RESENT					145	1		1	000	
• if	the difference	e in column 1 is	less than 7	ss than zero, enter "0" in col				+145=	4		OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAI	- I	556	OR	TOTAL	L
<u>d</u>	1.6.04 0	(Column 1)	AMENDEI	MENDED - PART II (Column 2) (Column				SMAL	LE	NTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	į	HIGHI NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	•	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· and	Minus	**		=		X\$ 9=			OR	X\$18=	
<b>∆ME</b>	Independent	• "	Minus	***		<u> </u>		X43=	T		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	1		OR	+290=	
							L	TOTA	1	•	OR	TOTAL	
		(Column 1)	-	(Colum	n 2)	(Column 3)		ADDIT. FE	EL		Jon	ADDIT. FEE	· .
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ST ER USLY	PRESENT. EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**				X\$ 9=			OR	X\$18=	
	Independent	<u> </u>	Minus	***		=		X43=			OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=	1		OR	+290 <u>÷</u>	
								TOTAL		:	OR ,	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)									_			ODII. PEEL	
MEN		CLAIMS REMAINING AFTER AMENDMENT	:	HIGHE NUMB PREVIOU PAID F	ST ER JSLY	PRESENT EXTRA		RATE	T	ADDI- IONAL FEE	ſ	RATE	ADDI- TIONAL FEE
	Total	•	Minus	- ***		<b>2</b>		X\$ 9=	T		OR	X\$18=	
	Independent	*	Minus	***	-	=	ŀ	X43=	╁		. <b>h</b>	X86=	
۱.	FIRST PRESE	-	,,,, <u>,,</u>	╀	<del></del>	OR							
+145= OR +290=													
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  **OR **ADDIT. FEE**  **ADDIT. FEE**  **ADDIT. FEE**  **ADDIT. FEE**  **ADDIT. FEE**  **TOTAL **ADDIT. FEE**  **ADDIT. FEE**  **TOTAL **ADDIT. FEE**  **TOTAL **ADDIT. FEE**  **TOTAL **ADDIT. FEE**  **ADDIT. FEE**  **TOTAL													
		ber Previously Paid					r foun	d in the ap	ppro	priate box	in colu	mn 1.	